

## Position Identification

### INSTRUCTIONS:

Agency Code is the three-character code used by COFRS. For example, the Department of Revenue is TAA. Principal Department or equivalent means what is created by law or recognized in personnel rule. Fill in the working title if it is different from the official class title. This is common, accepted practice.

Agency Code _____	Position Number _____
Principal Department/Agency/University or Equivalent _____ Department of Military & Veterans Affairs	
Division or Equivalent _____	
Work Unit or Equivalent _____	
Work Address _____	
Street or Box #	Bldg. and Room #
City	Zip
Work Phone ( ) _____	Ext. _____

OFFICIAL CLASS TITLE _____	Class Code _____
Working Title, if different _____	

Check One: New Position <input type="checkbox"/> Review Vacant Position <input type="checkbox"/> Review Occupied Position <input type="checkbox"/> Update Records <input type="checkbox"/> System Study <input type="checkbox"/>				
If new or changing, requested class _____			Class Code _____	

## Work Setting

- Briefly summarize the basic purpose of the work unit by completing the sentence below. Example: "This work unit exists to ..." sell classroom supplies and textbooks to students on campus.

"This work unit exists to ..."

- Briefly summarize the basic purpose of the position by completing the sentence below. Example: "This position exists to ..." provide office support to the Family Clinic by updating and filing public health records, typing data onto patient charts, referring patients to proper health services, and scheduling appointments with clinic staff.

"This position exists to ..."

## PRIMARY JOB DUTIES and RESPONSIBILITIES

**INSTRUCTIONS:** List the primary, permanent job duties. **DO NOT LIST PROCEDURES, TEMPORARY OR OCCASIONAL DUTIES, PAST OR FUTURE DUTIES, OR FILL-IN DUTIES DONE IN THE ABSENCE OF ANOTHER EMPLOYEE.** Focus on the **POSITION**. This document describes a position, not an employee's qualifications or performance. Concentrate on current, normal, daily duties and responsibilities -- not unique events (unless they are essential functions as defined below).

**USE ONLY AS MANY BOXES AS NEEDED. DO NOT ADD MORE BOXES.** Work on scratch paper first. Then review the list to see if related or similar duties can be written as one duty statement. Additional pages will be disregarded during an evaluation.

Write clear, concise action statements. **AVOID UNCLEAR TERMS, such as assists, coordinates, prepares, handles, administers, maintains, helps, responsible for, etc.** Explain abbreviations and acronyms. Avoid repetition, incidental duties, and unnecessary detail. **USE PRESENT TENSE ACTION VERBS** (refer to the "Glossary of Action Verbs" at your agency personnel office). For help in writing duty statements, contact your agency personnel office.

Examples of duty statements:

1. Calculates and posts wages by computing hours worked.
2. Balances cash register by comparing cash with total on register tape.
3. Plans operating budget request by estimating costs based on costs from previous years.

Check the box if the duty is new. (Leave blank if not new.)

Use the following scale for frequency: D = daily, W = weekly, M = monthly, Q = quarterly,  
S = semi-annually/semester, A = annually.

Fill in the percent of time. The total of all duties equals 100%.

**SUPERVISORS:** Complete the shaded portion of the box.

An "essential function" under the Americans with Disabilities Act is one that meets the following elements:

- o the reason the position exists;
- o there are a limited number of other employees available to perform this function;
- o highly specialized, and the person is hired for this special expertise or ability to perform it; or,
- o judged by the employer (delegated appointing authority) to be essential. This judgment is based on factors such as the amount of time spent performing the function, the consequences of not performing the function, the terms of any work agreement, the work experience of persons currently or who have previously performed the function, and the nature of the work or the unique organizational structure.

If the duty is an essential function for the Americans with Disabilities Act, use the opposite page for categories. Write the numbers from the categories in the boxes provided.

New	Freq.	%	Employee Statement			
Supervisor Review (Initial if agree with all of the above. Explain any disagreement.)						
Essential Function:		Y   N	Physical	Mental	Environment	Hazards

New	Freq.	%	Employee Statement			
Supervisor Review (Initial if agree with all of the above. Explain any disagreement.)						
Essential Function:      Y      N			Physical	Mental	Environment	Hazards

New	Freq.	%	Employee Statement			
Supervisor Review (Initial if agree with all of the above. Explain any disagreement.)						
Essential Function:      Y      N			Physical	Mental	Environment	Hazards

New	Freq.	%	Employee Statement			
Supervisor Review (Initial if agree with all of the above. Explain any disagreement.)						
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New	Freq.	%	Employee Statement			
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New	Freq.	%	Employee Statement			
Supervisor Review (Initial if agree with all of the above. Explain any disagreement.)						
Essential Function:      Y      N			Physical	Mental	Environment	Hazards

New	Freq.	%	Employee Statement			
Supervisor Review (Initial if agree with all of the above. Explain any disagreement.)						
Essential Function:      Y      N			Physical	Mental	Environment	Hazards

1. **DECISION MAKING:** List examples of **TYPICAL, HIGHEST-LEVEL DECISIONS** that are made regularly without prior supervisory review. **Do not list supervisory tasks or repeat job duty statements from pages 3, 4, and 5.**

Examples: Choose proper software package to produce documents. Determine compliance with program rules and regulations.

Use the following scale to describe the frequency these decisions are made.

D = daily

W = weekly

M = monthly

Q = quarterly

S = semi-annually/semester

A = annually

Typical Examples		Freq.
A.		
B.		
C.		
D.		
E.		

2. **RECOMMENDATIONS:** List specific examples of any **RECOMMENDATIONS** the position is expected to make to higher levels for approval. (Do not repeat independent decisions listed above.)

3. **DIRECTIONS:** List the specific guidelines the position uses in its work. Examples may include written manuals, trade practices, treatment plans, verbal instructions and ongoing explanations, rules, laws, codes, standards and specifications, memos of interpretation.

4.	<b><u>GUIDANCE:</u></b> What guidance is <b>TYPICALLY</b> available for, or used by, the position? (Check the <b>ONE</b> that applies best.)
<input type="checkbox"/>	Applies established guidelines. Guidelines clearly cover situations and their options. Available are: specific verbal or written instructions and standard procedures. <b>Typical example from the last 12 months:</b>
<input type="checkbox"/>	Studies how information fits together for a practical solution. Applies most appropriate guideline under changing circumstances. Several correct options exist in any given situation. Available are: rules, regulations and references; techniques and methods; and established processes. <b>Typical example from the last 12 months:</b>
<input type="checkbox"/>	Evaluates relevance of theories, concepts, and principles. Tailors guidelines to develop a different approach or plan to fit the circumstance. Existing guidelines are inadequate. Available are: precedents and practices, theories, concepts, models, and principles of a subject area. <b>Typical example from the last 12 months:</b>
<input type="checkbox"/>	Developes guidelines to implement programs that maintain the agency's mission. Available are: systems, policy directives, management principles and theories, and sensitivity to broad mission statements and underlying legislative intent. <b>Typical example from the last 12 months:</b>
<input type="checkbox"/>	Originates models, concepts, and theories new to the professional field and state government. No guidelines are available other than an indication of legislative desires, socially or morally accepted values, and broad philosophy. <b>Typical example from the last 12 months:</b>

5. **TYPICAL PROBLEM/CHALLENGE:** Give specific examples from the past 12 months of the **TYPICAL PROBLEM/CHALLENGE** the position solved on its own. **How often?**

6. **MOST DIFFICULT, COMPLEX PROBLEM/CHALLENGE:** Give specific examples from the past 12 months of the **MOST DIFFICULT, COMPLEX PROBLEM/CHALLENGE** the position solved on its own? **How often?** (If the same as Question 5, write "same".)

7. <b><u>PURPOSE OF CONTACT:</u></b> reason for ongoing, direct contact with others. What is the <b><u>PURPOSE</u></b> of the position's ongoing, direct contact with others? (Not all categories apply to all positions. <b><u>USE ONLY THE BOXES THAT APPLY</u></b> and give specific examples.) <b><u>EXCLUDE CONTACTS FROM SUPERVISION GIVEN OR RECEIVED.</u></b>	
Purpose	Typical Examples
Exchange or collect information. Relay learned information that the receiver can readily understand.	
Detect, discover, expose information, problems, violations or failures by interviewing or investigating.	
Secure regulatory compliance by issuing/revoking licenses and persuading/training to correct problems where there is a formal rule or law to rely on.	
Advise, counsel, or guide to solve problems or complaints and influence or correct actions and behaviors.	
Clarify underlying rationale, motive, and intent by educating about unfamiliar concepts and theories or marketing a product/service.	
Physically restrain and arrest others as a peace officer enforcing the law.	
Negotiate as an official representative of one party to obtain support or cooperation where there is no formal rule or law to fall back on.	
Defend and justify an agency's position, as an official representative, in court or hearings.	
Authorize medical treatment protocols to be followed by others.	
Arbitrate, resolve differences, and authorize action that directly determines the agency's mission.	

**INSTRUCTION:** If you are not requesting a change in class for an existing position, skip to Question 10.

8. Why is the Requested Class listed on page 2 the proper one for your position?

9. What specific duties were added or deleted since the last evaluation? If no change in duties, explain why an evaluation is requested.

10. Are there any additional comments you believe are important to help others understand the position?  
\_\_\_\_\_ No      \_\_\_\_\_ Yes (explain)

**EMPLOYEE PLEASE STOP AND TURN TO PAGE 14**



## SUPERVISORY SECTION

### TO BE COMPLETED BY THE SUPERVISOR

Review all the completed sections of the PDQ. Focus on the normal, daily duties of the position. The supervisor is responsible for making sure that the duties performed are those actually assigned. **DO NOT CHANGE OR ALTER THE EMPLOYEE'S STATEMENTS.** Work with the employee on any differences; however, **THE SUPERVISOR IS RESPONSIBLE FOR THE ACCURATE COMPLETION OF THIS QUESTIONNAIRE. THE SUPERVISOR'S STATEMENTS WILL BE USED IN THE CASE OF UNRESOLVED DIFFERENCES.**

1. What is the most important service or result you expect from this position?

"The most important service/result of this position is ..."

2. Excluding your statements on the primary job duties (pages 3, 4 and 5), do you agree with the remaining statements on this form?      ☐ Yes      ☐ No (If no, list which statements and why.)

- 3A. **SUPERVISION EXERCISED:** formal, direct control over the quantity and quality of the work product of others. What is the position's formal, direct supervisory responsibility? (Check **ONE**.) Include only positions filled by a wage earner who has an employee-employer relationship. Exclude temporaries and personal service contractors. 1 Full Time Equivalent (FTE) = 2080 hours/year or 40 hours/week/52 weeks.

Work Leader is partially accountable for work product of others. Elements of direct control over other positions include assigning tasks, monitoring progress and work flow, checking the product for timeliness and correctness or soundness, establishing work standards, and scheduling work, including signing leave requests and approving work hours.

Supervisor is accountable, including signature authority, for actions and decisions impacting the pay, status, and tenure of others. Required elements of direct control over other positions include planning and evaluating performance (at least as the Rater), including issuing corrective actions, resolving informal grievances and initiating disciplinary actions. Supervisors start the hiring process, interview applicants, and recommend hire, promotion, or transfer.

☐ No formal supervisory authority (Complete 3B, skip 3C.)

☐ Work leader over others.      # FTE      ☐

☐ Supervise others.      # FTE      ☐

☐ Supervise multiple units as a 2nd level supervisor.  
#FTE of subordinate supervisors      ☐      Total FTE in units      ☐

☐ Supervise multiple units as a 3rd level supervisor.  
#FTE of subordinate managers      ☐      Total FTE in units      ☐

- 3B. Organizational Chart. Complete the chart for the position's work unit. Use **OFFICIAL TITLES, POSITION NUMBERS,** and **FTE** -- not names or unofficial working titles. Multiple positions with the same official title (except subordinate supervisors reporting to this position) can be placed in one box indicating total FTE. Exclude temporary positions and personal services contractors. 1 Full Time Equivalent (FTE) = 2080 hours/year or 40 hours/week/52 weeks.

NEXT LEVEL SUPERVISOR	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> Title  Pos.# FTE </div>
SUPERVISOR	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> Title  Pos.# FTE </div>
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span><b>THIS</b></span> <span><b>POSITION</b></span> </div> <div style="display: flex; justify-content: space-between; padding: 5px 0;"> <div style="border: 1px solid black; padding: 5px; width: 22%;"> Title  Pos.# FTE </div> <div style="border: 1px solid black; padding: 5px; width: 22%; text-align: center;"> <b>Title</b>  <b>Pos. #</b> <b>FTE</b> </div> <div style="border: 1px solid black; padding: 5px; width: 22%;"> Title  Pos. # FTE </div> <div style="border: 1px solid black; padding: 5px; width: 22%;"> Title  Pos. # FTE </div> </div> </div>	
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- 3C. Write the subordinate position numbers in the proper box for each supervisory task listed. Write "all" if it applies to all of the position's subordinates.

**Recommendation/Initiate** = make specific recommendation about others to the supervisor who decides and takes/authorizes formal action. **Approve/Sign** = decides/approves and takes/signs formal action.

	Recommend/Initiate	Approve/Sign
<i>Example</i>	<i>902, 903, all students</i>	<i>261, 263, 1495</i>
Assign and check work		
Train		
Set unit work schedules, including approving leave requests		
Set priorities and standards for unit		
Plan and evaluate performance, including corrective action		
Interview and hire applicants		
Promote and transfer		
Settle informal (step 1 and 2) grievances		
Settle formal (step 3 and above) grievances		
Discipline/terminate (Rule 8-3-3 meetings)		

4. List the official class title and position number of any positions in your organization that have similar assignments.
5. A small number of positions may be required to function as a pacesetter in their profession or field. Such a position is acknowledged by peers as a leader in their field AND management must recognize such a leader by delegating primary responsibility to recommend the direction of policy and programs. It is NOT A function of longevity or serving as a resource because of being the only one in the work unit, agency, or specialized field. It is more than performing the full range of problem solving and advising others on processes as a result of experience.

Does this position function as such a leader?

\_\_\_\_\_ No (Skip to next Question 6.) \_\_\_\_\_ Yes. If so, please specify what makes the position a leader.

What is the area of the leader's **DIRECT** influence/authority?

\_\_\_\_\_ Recognized throughout the principal department/agency.

\_\_\_\_\_ Recognized statewide, beyond principal department/agency boundaries.

\_\_\_\_\_ Recognized nationally.

**SUPERVISOR: If this PDQ is a request for a new position or a change in class for an existing position, complete this section. If not, skip to page 13.**

6. What changes in staffing or the organization created a change in this position?
7. What specific duties were added or deleted since the last evaluation? (Skip if requesting a new position.)
8. Were duties formerly assigned to another position? \_\_\_\_\_ No (Skip to Question 9.) \_\_\_\_\_ Yes. If yes, list the position number and official class title of the position(s) previously performing the duties and the specific duties.
- Have you submitted PDQs on this other position(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If no, explain why.
9. How did the change affect the responsibilities of other positions in the organization? (State the specific impact and positions.)
10. If no duty changes have occurred, explain why an evaluation is requested. (Skip if requesting a new position.)
11. What do you think is the proper class for this position and why?

## Special Entry Requirements

### TO BE COMPLETED BY THE SUPERVISOR

All positions are in classes that have entry requirements; however, there are some positions that require special qualifications. A special qualification is a **critical minimum requirement for entry** into a position. For example, a receptionist position may require fluency in a specific foreign language. An applicant must possess it from the first day and it cannot be obtained through training during probation/trial service.

Your input must be verified and approved by your agency personnel office before any special qualification is accepted as official. This review may be done at a later time.

1. Do you think this position requires a special qualification that differs from other positions in the class?  

☐ No (Skip to page 14.)

☐ Yes.

  - A. Please describe the special qualification. Categories for qualifications include: JOB-RELATED FORMAL COURSES, LEGAL REQUIREMENTS, EXPERIENCES OR SKILLS, EQUIPMENT, and UNUSUAL TRAVEL DEMANDS.
  
  
  
  
  
  
  
  
  
  
  - B. Why can the qualification **NOT** be obtained through training during the probationary/trial service period?
  
  
  
  
  
  
  
  
  
  
2. Describe any essential functions that have not been listed elsewhere in this Position Description Questionnaire.
  
  
  
  
  
  
  
  
  
  
3. For purposes of the Drug Free Workplace Act of 1988 and the Colorado Substance Abuse Policy, is the position safety related? Safety-related positions are defined as those involving safety and health, state security, or other responsibilities involving a high degree of trust and confidence.  

☐ No

☐ Yes

**Employee Certification** (Skip if position is vacant.)

I certify that, to the best of my knowledge, my statements are accurate and complete.

---

Employee Name (Print)

---

Employee Signature

Date

Give the questionnaire to the immediate supervisor for completion. The supervisor is to discuss any major changes with you.

**Management Approval**

As I am legally accountable for this assignment, I understand that I am responsible for the accuracy of this questionnaire. I certify that, to the best of my knowledge, this document is an accurate and complete representation of the position. I understand the importance of discussing with the employee any major changes I have made on this form because they may affect the position's class.

---

Immediate Supervisor Name (Print)

( )  
Work Phone

Ext.

---

Work Address (Street or Box # and Building/Room #)

City

Zip

---

Immediate Supervisor Signature

Date

---

Next Higher Supervisor Name (Print)

( )  
Work Phone

Ext.

---

Next Higher Supervisor Signature

Date

---

Approving/Reviewing Official Name (Print)

Title (Print)

---

Signature

Date

**Budget Approval** (Optional)

Funding Sources:

Account No.	_____	%	_____	Account No.	_____	%	_____
Account No.	_____	%	_____	Account No.	_____	%	_____
Account No.	_____	%	_____	Account No.	_____	%	_____

I certify that statements on the funding sources are accurate and complete and that funds are available for the action requested.

---

Budget Official Name (Print)

Title (Print)

---

Budget Official Signature

Date

**SEND THE ORIGINAL TO YOUR AGENCY PERSONNEL OFFICE. KEEP A COPY.**

**Thank you for your time and effort in completing this document.**

## PERSONNEL USE ONLY

Date Received \_\_\_\_\_ Action Number \_\_\_\_\_ Agency Code \_\_\_\_\_ Position Number \_\_\_\_\_

Document is: \_\_\_\_\_ complete \_\_\_\_\_ incomplete and returned (indicate below the date and reason(s))

Optional interview was: \_\_\_\_\_ not conducted \_\_\_\_\_ conducted (Job Evaluation Interview Form must be attached.)

Class Placement was: \_\_\_\_\_ by agency verification \_\_\_\_\_ by panel review.

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Pay Differentials

Position's FLSA: \_\_\_\_\_ Non-exempt \_\_\_\_\_ Exempt \_\_\_\_\_ Administrative \_\_\_\_\_ Executive \_\_\_\_\_ Professional \_\_\_\_\_ Sales

Shift Differential: \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd On call: \_\_\_\_\_ No \_\_\_\_\_ Yes

Other pay differentials (specify):

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Qualification Review

Class/Position Profile # \_\_\_\_\_

Approve special qualifications, if any, for this position:

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### ADA Review (Optional)

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date